

**REPORT OF
THE TECHNICAL AND ORGANIZATIONAL
CAPACITY ASSESSMENT OF
THE KOMFO ANOKYE TEACHING
HOSPITAL
26TH to 28TH SEPTEMBER 2007**

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ABBREVIATIONS

ART	Antiretroviral Therapy
AWARE	Action for West African Region
CEO	Chief Executive Officer
FHI	Family Health International
GHS	Ghana Health Services
HR	Human Resource
IT	Information Technology
KATH	Komfo Anokye Teaching Hospital
LAN	Local Area Network
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
PLWHA	Person Living with HIV/AIDS
PRO	Public Relations Officer
QA	Quality Assurance
RHS	Regional Health Services
TOCAT	Technical and Organizational Capacity Assessment Tool

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INTRODUCTION

The Komfo Anokye Teaching Hospital (KATH), Kumasi is one of the three Teaching Hospitals in Ghana which provides training for medical students, nurses and postgraduate students among others. It has highly skilled medical officers, specialists and consultants and with a bed capacity of over 1000 it sees over 420,000 out patients per annum. KATH houses the Kwame Nkrumah University of Science and Technology School of Medical Sciences which comprises; the Medical School, School of Laboratory Medical Technology and the Nursing School among others. The hospital serves as a training ground for different categories of health workers.

Since 1995, the KATH Department of Medicine has been providing treatment of opportunistic infections for Persons Living with HIV/ AIDS (PLWHA). In December 2003, Ghana received support from the Global Fund to Fight AIDS, Malaria and TB to purchase antiretroviral drugs. KATH with support from Family Health International and National AIDS Control Program trained various categories of health workers including doctors, nurses, pharmacists, counselors, and data clerks to be able to provide comprehensive care including Anti-retroviral therapy (ART), management of opportunistic infections and adherence counseling to persons living with HIV/AIDS (PLWHA) on a large scale. Antiretroviral therapy started in February 2004.

The hospital has about 800 adults and children on antiretroviral therapy with over 2500 patients enrolled in the clinical care program and monthly average enrolment rate of 40. It is currently the second largest of the 4 sites providing antiretroviral therapy in Ghana.

The ART Program has a well developed computer based Health Information Management System. The computerized database is used for generation of monthly reports, research and mainstreaming lessons learned into the national program. Komfo Anokye thus has a team of health workers with the technical know how and requisite expertise to provide training and comprehensive HIV care including provision of ART in the sub region.

The KATH was one of the partners on the START program aimed at improving the quality of life for people living with HIV/AIDS (PLWHA) and their families through the provision of comprehensive HIV/AIDS prevention, care and treatment services. This care and treatment program has distinguished itself in West Africa by its unique approach to organizing the care and treatment characterized by its comprehensiveness (from prevention to care with involvement of stakeholders at all levels) and its creative way to improving adherence through the promotion of disclosure and the use of adherence monitors (treatment buddy). This program has been identified by the AWARE regional Task Force on care and treatment as a best practice and a worthwhile experience that can benefit other countries in the region covered by the AWARE Project. As a training institution, KATH has been selected to contribute to the dissemination of the Ghana care and treatment experience.

To promote the expansion of care and treatment programs in West Africa, AWARE collaborated with KATH toward the improvement of knowledge and capacity to

implement comprehensive HIV/AIDS care and treatment interventions among decision makers, managers, and providers in the region through dissemination of lessons learned, appropriate training and provision of Technical Assistance to countries. AWARE provided KATH with technical and financial support to ensure that KATH is able to play its role as a regional resource.

To this end, in July 2004, a self-assessment using The Technical and Organizational Capacity Assessment Tool (TOCAT) developed by Family Health International (FHI) to determine its capacity in technical management, organizational management, capacity development approaches, and marketing was conducted. This second TOCA is undertaken to determine whether KATH has improved within the period of the collaboration between KATH and AWARE-HIV/AIDS.

OBJECTIVES

- 1) Carry out a successful participatory assessment of the capacity of KATH; specifically in the areas of technical management, organization management, capacity development approaches and marketing and communication using the TOCAT developed by FHI.
- 2) To determine whether there has been improvement in the technical and organizational capacity of KATH
- 2) Prepare an Action Plan and next steps in areas that are identified as high priority in the technical and organizational capacity of the KATH.

METHODOLOGY

The TOCAT was undertaken in Komfo Anokye Teaching Hospital in a three-day workshop. Upon discussion with the Chief Executive Officer participants for the workshop were selected to fit into the four assessment areas, namely Organizational Management, Technical Management, Capacity development approaches and Marketing and Communication. (Please find list of participants attached in Annexe 1)

The participants were taken through the presentations on AWARE-HIV/AIDS and its collaboration with KATH, and on the Technical and Organizational Capacity Assessment process and tool. Using the tool, members of the four groups then individually assessed and scored their specific areas.

Following this, participants discussed the findings and achieve a consensus on the scores, strengths, challenges and recommendations during group work sessions. The groups reviewed the 2005 TOCAT and compared it with the present consensus. Reasons were provided for the differences in the results. Group presentations were then made at plenary sessions to validate the findings and identify priority areas for improvement. The results obtained were as a result of in-depth discussions between each group and validation and consensus building in plenary sessions. In a number of instances the scoring was changed due to new information provided by other members of the larger group or upon discussion with the larger group.

Using this information, the individual groups developed action plans for improvement of the institution which were validated at a plenary session. The action plan was presented to the Hospital Management for next steps

LIMITATIONS

The self assessment is a qualitative process and thus the values only provided an indication of improvement.

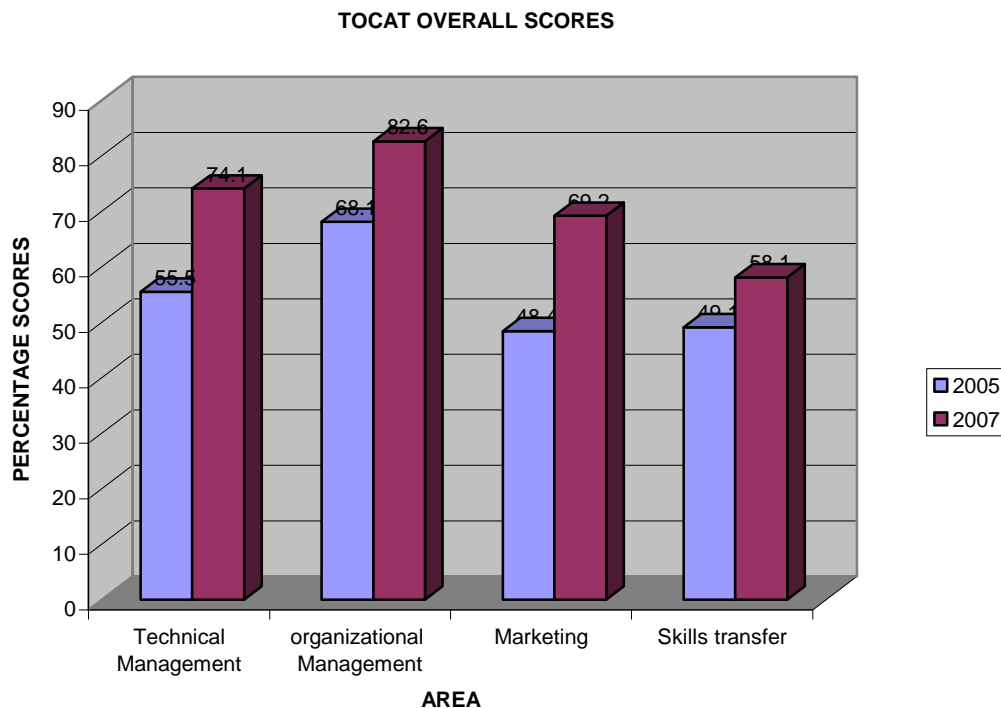
The previous assessment was conducted by a different group, (some members of the group were part of the previous assessment and while others were new participants).

RESULTS

The scores validated at the plenary session are indicated in the graphs below and the synthesis of all these findings is presented in the next tables by management area. The hospital's strengths, challenges as well as the recommendations for actions were presented by each group and agreed upon in a plenary session.

In 2004 the assessment team admitted KATH's strength in organizational management but were not able to effectively market their activities and thus scored low in the marketing area. AWARE-HIV/AIDS has provided some support in this area as well as in the capacity development areas/ skills transfer and the hospital itself has made efforts to improve these areas and has provided its own funding. After two years, comparing areas which were scored in 2005 were as follows: The overall result ranged between 58.1% (skills transfer) and 82.1% (organizational management). Improvements have been noted in all the four areas, particularly in technical management which improved by 18.6%.

The graph below indicates the results of the TOCAT in 2005 compared with 2007.

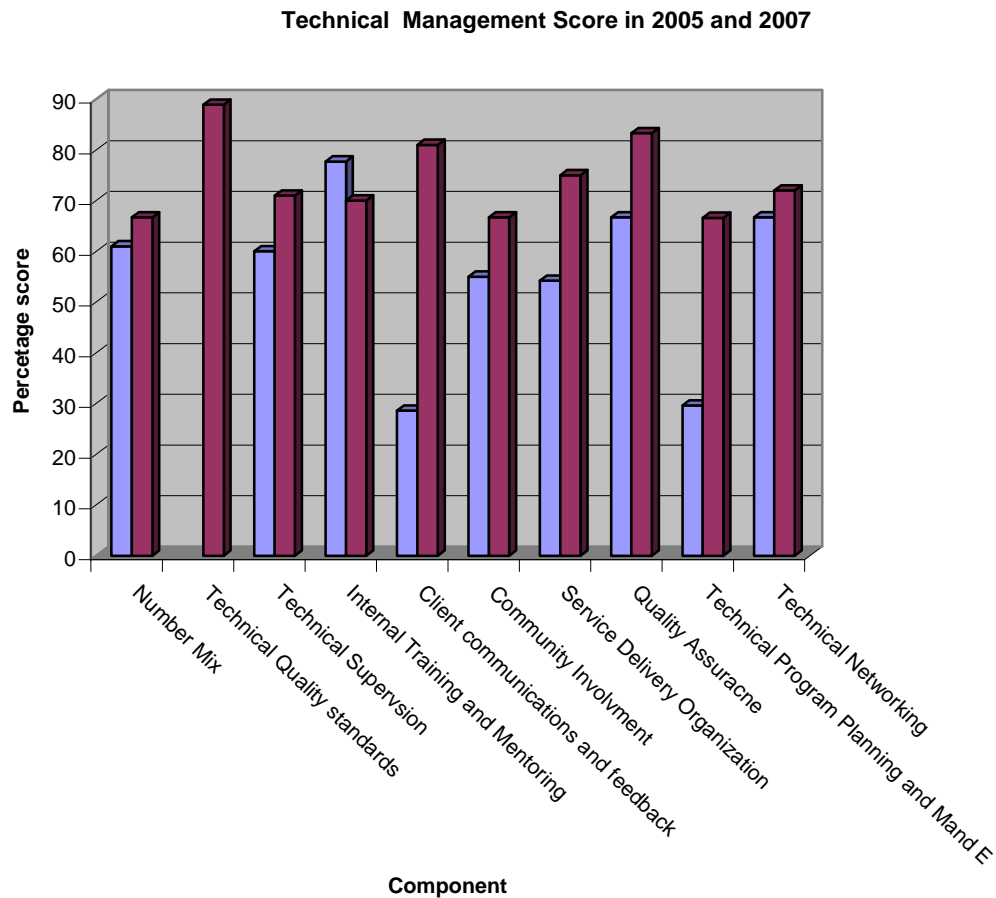


The next section describes the results in each area

Technical Management Area

The 10 technical management areas reviewed were:

Number, mix and capacity of technical staff; Technical supervision, Internal Training and mentoring; Client communication and feedback, community involvement, Service delivery organization, Quality assurance, Technical Program Planning and M and E, Technical Networking.



The assessment ranked KATH as a systematically achieving system (3) with scores ranging between 66.7% and 88.9% and overall average score of 74.1%. None of the components scored below 50%. This compared favorably with scores in 2005 where the overall average was 55.5%. Most areas showed areas of improvement with the exception of Internal training and mentoring which scored below the score in 2005. This, the team explained was due to the absence of a formal mentoring system and thus did not deserve a high score. The area of the number of mix and capacity of technical staff would have received a higher score however the team agreed though steps had been taken to train staff and relevant specialist, however most were still in training and thus results of the investment would be reaped in the future and had not yet been reaped at the time of the assessment.

Strength	Areas for Improvement	Recommendations
Adequacy in no. and mix and calibre of staff in most disciplines in the Hospital.	- Need to increase the number of specialists in some disciplines i.e. oncologists, pathologists	Numbers and technical skills Numbers in Oncology and Pathology still need improvement
Available documented protocols for all technical areas Strong national and international links eg Utah, Michigan, Liverpool, Accredited regional training centre for STI treatment & care, well established VCT Unit	To improve upon dissemination protocols To dev protocols for some technical areas, eg. Management of breast cancer	
Normal practice based on internationally accepted standards and curricular Availability of internationally accredited trainers	Non-existence of formal mentoring system	Need to develop a formal mentoring system
Client education now well coordinated: Established outreach team and outreach regularly undertaken Strengths Health promotion talks regularly held & info is update. E.g. OPDs CS survey improved improvements	To improve on CS survey frequency	To involve clients more actively in determining care & support priorities.
Proactive measures undertaken with target communities e.g. Barekuma project, Mankranso (breast care), etc. Effective & routine outreach programmes Available capacity to undertake outreach activities	Need to analyse & address access issues with community	
Regular training of technical personnel 24 hr service delivery to target population Improved infrastructure to provide quality service delivery	Waiting time is still poor	Follow-up services need improvement to clients
Strengthened QA unit Available desks to handle clients complaints daily	CS survey to be improved	Further dissemination of staff QA responsibility

Strength	Areas for Improvement	Recommendations
Job descriptions now include QA responsibilities		
Available strategic plan which guides operational & technical planning Available M & E unit which ensures regular M & E of activities Various operational researches ongoing & used to improve service delivery improvements	Need to communicate results of M & E and researches to clients	
Strong collaborations with national & international organizations Significant participation in national operational policies	Broaden accessibility to international partners & experts	Sensitize staff on need to network: feedback on results of Networking

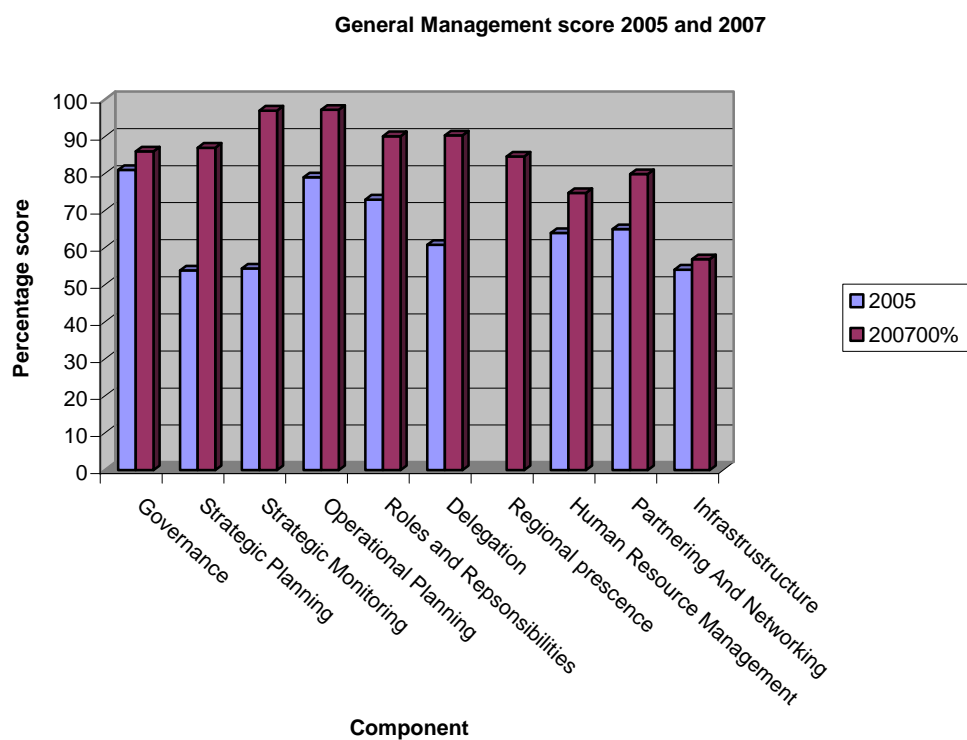
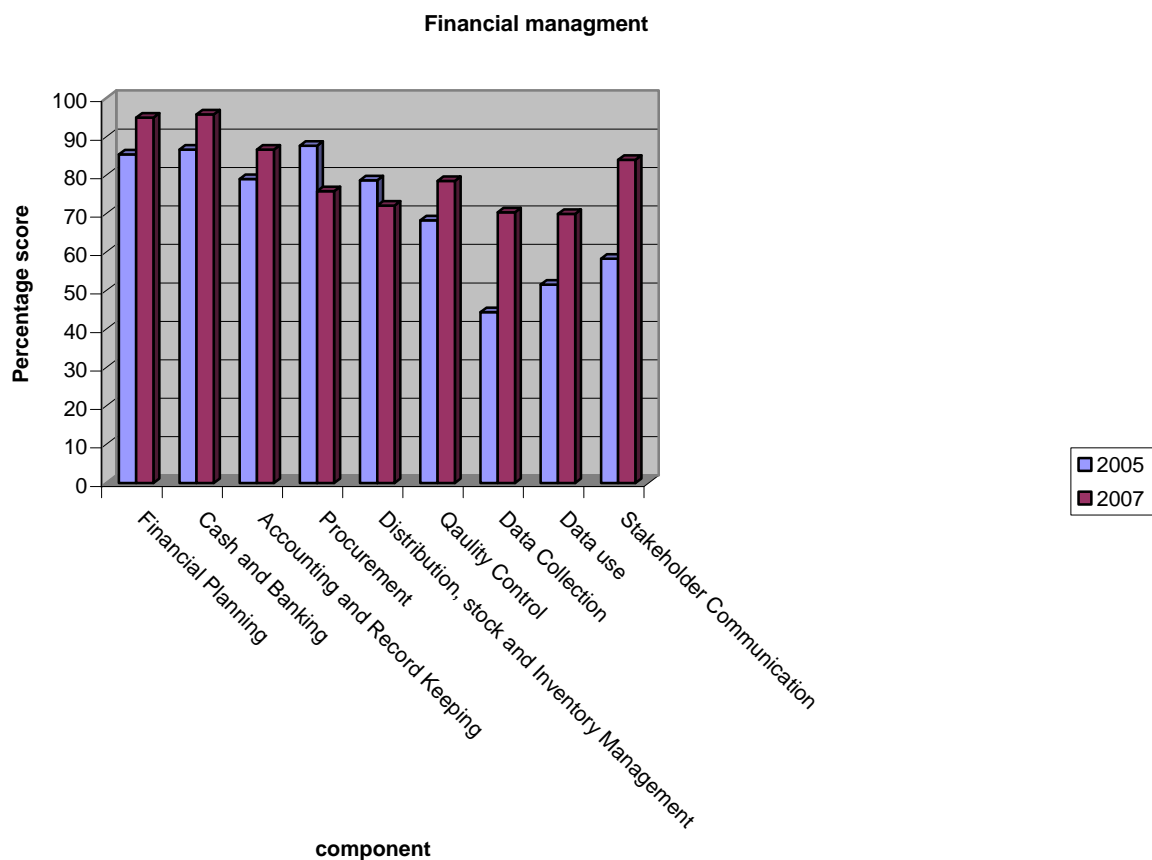
The team identified the following areas as priority and recommended the following:

1. Technical program planning and M & E
 - a. Need to seek inputs of clients in planning service delivery
 - b. Provide feedback on operational researches to clients
2. Community involvement
 - a. Need to improve upon relevance of community in service delivery
3. No., Mix and capacity of technical personnel
 - a. Need to obtain accreditation & train more specialists in all technical
4. Internal training and Mentoring
 - a. To develop formal mentoring system for all technical personnel

Organizational Management

The components scored were:

Governance, Strategic Planning, Strategic Monitoring, Operational Planning, Roles and Responsibilities, Delegation of Authority and Decision- Making, Staffing and Human Resource Management, Partnering and Networking, Adequacy of Physical Infrastructure, Financial Planning and Budgeting, Cash and Banking, Accounting and Record Keeping, Procurement, Distribution, stock and Inventory Management, Quality Control for Critical Drugs, Equipment and Supplies, Data Collection System, Data Use and Culture in formation, Stakeholder Communication and Reporting. The strengths, areas for improvement and recommendations are described in the table below.



In organizational management scores ranged between 44.4% (data collection system) and 87.7% (procurement). The weakest components were components involved in data collection, collation and dissemination of information. Generally the financing components were scored high. The strengths, areas for improvement and recommendations are described in the table below.

Strength	Areas for Improvement	Recommendations
Governance The board provides overall policy direction and oversight The board provides accountability and credibility Has a strong organizational structure Leadership style of senior management is participatory	Succession planning Regarding the community and stakeholders as partners	Succession plans should be implemented at all level Need to involve stakeholders more and systematically
Well set up planning unit with qualified personnel and well drawn strategy Strategic plan available	Systematic provides for getting community involved in organization Monitoring committee should be supported to correct the variance between targeted and actual Research activities should be supported Improvement in the environmental scanning	Dissemination of strategic plan to all staff and stakeholders Develop a specific strategy for our collaboration with other stakeholders such as GHS and private practitioners such that roles and responsibilities are clearly defined and clearly execute them Components of Strategic plan <ul style="list-style-type: none"> ▪ Advocacy ▪ Working with GHS ▪ Communication plan for the communities
Mostly follow strategic plan and annual budget	Budget is prepared by the mid-year of the previous year and thus does not include input and data for a full annual budget. Dissemination of success and failures	Data (storage and use) management should be strengthened for planning purposes at the directorate level
The designated personnel have requisite background training and capabilities required. Some amount of authority is given to every level of position of the organizational structure and various hierarchy Well structured organizational structure which most effectively meets the objective, goal and targets of the institution Details job description which	The job description needs to be made available to all staff at levels And trained for those roles	Dissemination of job description to all staff. Training of staff in management for all staff in management roles Strengthen in-service training for non-professional to enable them

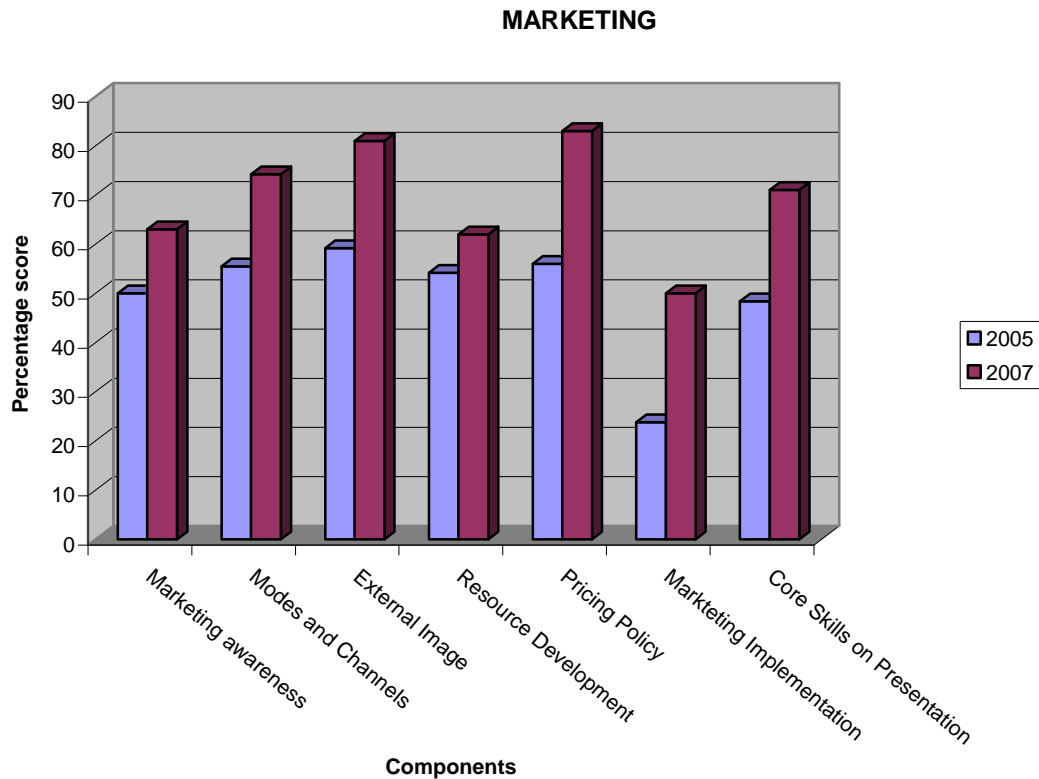
clearly shows the duties and responsibilities of each member of the organization		
An appropriate and effective line of reporting		
Disciplinary code HR policy at board level for approval Code of ethics Staffing norms	Improve staff mix	Approve a and Disseminate HR policy Increase the number of relevant technical staff
Partnerships with external associates Strong partnerships Available referral policy	Improve partnership with local agents	Dissemination and implementation of referral system
Have been a credited regionally in HIV/AIDS Continuing medical education along the west coast	Need to track geographic coverage	
Adequacy of Physical infrastuctre New construction/ project on-going and renovations of old structure on going		
Financial planning and budgeting Financial practices in line with financial administration act and account treasury and financial rules Prudent financial management practices		Continuous training for accounting staff
Cashing and Banking Financial rules are followed s strictly Every cash collected is banking	Filing of information and retrieval of data	Continue to follow the financial rules
		Endeavour to prepare monthly trail balance Make computers available
All senior managers have and know their roles & responsibilities	- Lack of communication to junior staff at the directorate level	Sensitization on communication at directorate level needed
There is decentralization in place & is being operationalized		The decentralization system should be documented i.e. how it works
HR unit activities are yielding results There is a disciplinary code There is an orientation for all new staff	- Issue of personnel policy manual not available to all staff	- There is need to develop a personal manual
Partnership exists	It is compartmentalised	Strengthen networking within (information, communication,

		coordination)
		- Although some measures are being put in place to improve physical infrastructure there are still the issues of space and equipment for service delivery.
- Financial planning & budgeting is well systematized with a lot of controls in place - Cash & banking is well organised with good financial policies		
- Accounting & record keeping is generally good		- However trail balance is done quarterly
Procurement laws are adhered to		
- The stores system is well regulated		- Sensitize staff of the stores on what goes on in the stores and other members of staff - Issuing of bulletin on what is in the stores, pharmacy etc. - Regular communication - Educate people on what they need - Supervisor should check requisition to ensure that only what is required is demanded -Stores should give what is needed
- Quality control for critical drugs, equipment & supplies - There are systems in place for monitoring drug supplies	Inadequate communication between procurement committee and the different directorates Lines communication on logistics not clear to all staff	- Need to address stock out issues - Need the people on the ground to know lines of communication - Members on procurement committees should relay it to different directorates - Non performers in terms of quality, time, price should be addressed
	- The management information system is not well structured	- There is the need for improvement in the communication on the use of data - Communication with the community needs improvement - Identify indicators needed -Data managers needed in each directorate

Marketing

The components assessed were; Marketing Awareness and Strategy, Marketing Modes/ Channels, External Image and Promotion, Resources Development/ Proposal

Management, Pricing Policy, Marketing Implementation, Core Skills in presentation and representation.



The assessment team ranked KATH as a systematically achieving system with scores ranging between 50% and 83% and overall average score of 69.2%. This compared favorably with scores in 2005 where the overall average was 48.4%. Most areas showed areas of improvement.

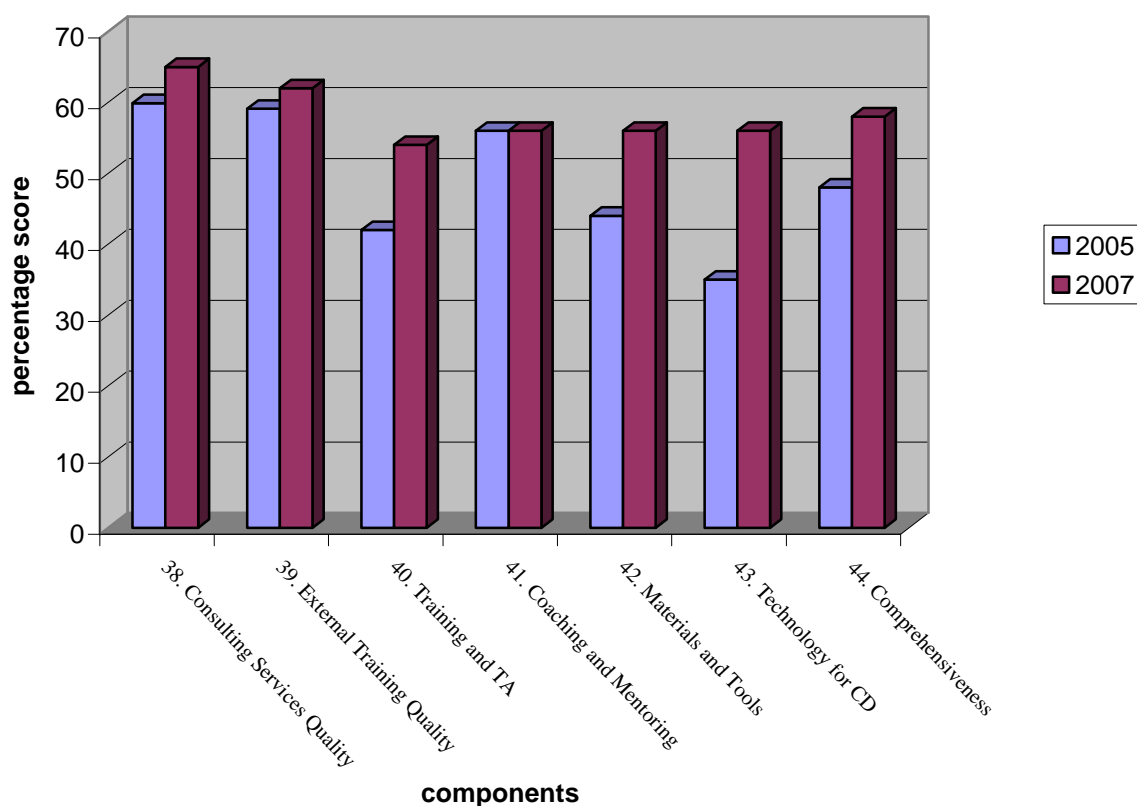
Strength	Areas for Improvement	Recommendations
Resource development & Proposal management The setting up of : Research & Dev't office, Planning, Monitoring & Evaluation Unit. Establishment of Marketing Committee Existence of Supply chain Unit.	- Identification of researchable areas for research aimed at improving quality of care. Coordination of research activities. Improve training in proposal writing Increase resources to R&D Center.	-
Marketing awareness Availability of strategic Plan Establishment of units like PRO, R&D, PM&E Units.		
Marketing of the hospital through: Effective media relations Production of Journals, Magazine, brochures & hoisting of KATH Website.	Need to market the marketing committee and it's activities	Widen the membership of the marketing committee to all directorates

Strength	Areas for Improvement	Recommendations
Presentation proposals to donors Establishment of PRO's office.		
External Image Development of close contact with the media Well circulated news letter, brochures and annual report Development of champions		Increase circulation of the news letter (also beyond the country) Regular update of Website Publication wide dissemination of annual report and strategic plan of hospital
Marketing Implementation Strong of QA activities workshops on client and staff relation Effective handling of complaints		Need to strengthen and resource marketing committee Training of staff
Presentation skills Establishing of the marketing committee Training of key staff in presentation skills		Extend training opportunities to other staff Trained staff should be given opportunity to exhibit skills

Capacity Development Approaches

The components assessed were: consulting services quality, external training quality, Training and Technical Assistance Planning, Coaching and Mentoring, Materials and Tools, Technology for Capacity Development, Comprehensiveness of approach.

Skills transfer score 2005 and 2007



The assessment ranked KATH as a systematically achieving system with scores ranging between 48% and 65% and overall average score of 56.7%. Only comprehensive approaches scored below 50%. This compared favorably with scores in 2005 where the overall average was 49.1% and four components scored below 50 %. Most areas showed areas of improvement apart from comprehensive approached which remained the same. The strengths and areas for improvement are depicted in the table below

Strength	Areas for Improvement	Recommendations
CONSULTING SERVICES QUALITY Standard referral policy exists and adopted by most District Hospitals Quality assurance policy also exists and adopted by Ghana Health service District and Private Hospital and other West African Countries send their Staff to KATH for training	Setting up, monitoring and evaluation of internal quality standards	

Strength	Areas for Improvement	Recommendations
Availability of expertise and trainer as well as facilities		
EXTERNAL TRAINING QUALITY Many specialist units exit for training, eg Training of ENT Nursing, Nurse Anesthetist, Post Graduate Training for Doctors and other staff Consultancy services available (Expertise and facility available)	Strengthen monitoring and evaluation capacity in external training	
TRAINING AND TECHNICAL ASSISTANCE PLANNING Existence of In-service training unit Resource persons exists Functional system of identifying training needs exists	The need for refresher courses for the trainers (TOT) The need to monitor and evaluate trainers	
COACHING AND MENTORING Availability of mentors The organization has capable people to mentor but no established system of mentoring	Mentors should be identified and supported to mentor others	
MATERIALS AND TOOLS In-services training and QA coordinators, Resource persons, availability of log books Some Directorates have Libraries	Obtain more material and tools for training e.g. computers	Equip resource center with sufficient journals and a library
TECHNOLOGY FOR CAPACITY DEVELOPMENT Some computers are available but they are for official use mostly but not for learning purposes Availability of modern equipments e.g CT Scan, Ultrasonography machines , Endoscopes, ECG machines, some monitors Computer and biomedical engineering Unit	Provision of learning materials	Buy more journals and equip library Establish a centralized library Improve on Planned Preventive maintenance and trouble shooting

Strength	Areas for Improvement	Recommendations
New administration block under construction being built		
COMPREHENSIVENESS OF APPROACH Human Resource Unit facilitates education and training Availability of training centre. Training is tailored to the needs	Need to improve on documentation of skills transfer	

PRIORITY AREAS

A. COMPREHENSIVENESS OF APPROACH: Priority level 1

How to improve

1. Develop manuals for transfer of skills from trainers to trainees
2. System should be in place for trainees to transfer skills and knowledge acquired to others
3. Trainees should submit report of training attended to their appropriate authority
4. Central training and education team comprising of representatives of various Directorates and Units

B.COACHING AND MENTORING: Priority level 1

How to improve

1. Establishment of policy guidelines on mentoring and coaching
2. Mentors should be identified and supported to mentor others

The recommendations were prioritized by the groups and the following action plan were developed and validated at the plenary session.

ACTION PLAN

TECHNICAL MANAGEMENT

COMPONENT	ACTION	HOW?	WHO IS RESPONSIBLE	MONITORING AND VERIFICATION	WHEN?
Technical Programme Planning & Monitoring and Evaluation	Need to enhance provision of feedback on M & E reports to clients (esp. internal clients)	Give M&E reports to Directorates/Units	Planning, M & E office	Regular assessment reports - bi-annually	Ending 2007
	Include community input in annual workplan development	institute open days to invite public views	Hospital management	community durbars held	by end of 2008
Community Involvement	Development of strong linkages with Regional Health Administration	Regular/quarterly meetings stakeholder agencies eg. RHS;	Hospital Management,	Availability of MOUs, Regular meetings with RHS	By mid 2008
	Increased Outreach Activities				
Number Mix & Capacity of Technical Staff	Train more specialists and sub-specialists for clinicians and Nurses	Through GCPS programme	Clinical Heads, Lead Clinicians and Training Programme Co-ordinators; and Medical Director, Director Nursing	Progression of trainees per year; Products per year; Feedback from trainees	Aspire to increase existing levels by 25% by 2008
		Special External programmes (Subspecialty nursing)			
	Increase clinicians in Oncology and Pathology	Entice clinicians to train in Oncology			
	Recruitment of specialists from outside				
Internal Training and Mentoring	Development of formal mentoring system	Development of Mentoring policy guidelines	Hospital Management and Directorate Management Teams	Availability of Mentoring Policy document	mid 2008
		Identification and Capacity development of Mentors		Documentation of Mentors and Mentees	

ORGANIZATIONAL MANAGEMENT

COMPONENT	ACTION	HOW?	WHO IS RESPONSIBLE	MONITORING AND VERIFICATION	WHEN?
Adequacy of physical infrastructure	To submit funding proposals to key individuals and organization(local & abroad) to solicit finance for projects	identify key advocates and sponsors	Hospital management	written proposals/ business plans	on going
Use of data and culture of information	develop capacity for info sharing	through ICT and provision of computers at service points	Directorate management teams	available computers, literacy in ICT improved	on going
Data collection system	improve feedback on M & E reports	submit quarterly M & E reports	PME	reports submitted	quarterly
Distribution, stock and inventory management	Enhancing record keeping of stock at user points	computerize and network stock activities at user points	Management/ICT		mid 2008
	enhance frequency of stock taking		Internal Audit/ Stores		mid 2008
	close monitoring of stocks/supplies	fix CCT cameras at stores areas in the hospital	management		Mar-08
Staff and human resource management	Develop HR policy and disseminate	hold sessions at directorate levels to disseminate	Management/HR	Available HR policy	end of year
	encourage staff to specialize	provision of study sponsorship	Management/HR		ongoing

MARKETING AND COMMUNICATION

COMPONENT	ACTION	HOW	WHO IS RESPONSIBLE?	MONITORING AND VERIFICATION	TIME FRAME
Marketing awareness and strategy	To draw up a formal marketing strategy with specific targets.	Identify the marketing component in the hospital's strategic plan and fashion out a marketing strategy out of it.	Management/ Marketing Committee.	Availability of marketing strategy document and its dissemination among Key personnel	By the end of 2nd Qtr of 2008
Marketing implementation	To widen the membership of the marketing committee	Identify staff and hold regular meetings	QA and Public Relations Units Marketing Committee		Immediate October 2007
	To have well- defined	Train members of marketing committee			October 2007 By 1st Qtr of

COMPONENT	ACTION	HOW	WHO IS RESPONSIBLE?	MONITORING AND VERIFICATION	TIME FRAME
	marketing activities. To improve on staff/customer relations	Prepare a marketing plan. Train staff in customer relations. Train staff in marketing activities to be able to market the hospital.	HR and QA Units	Have well-defined marketing activities. Reduction in number of complaints 50% of front line staff and key staff trained in marketing related activities.	2008 End of 2008
External image and promotion	To increase circulation of news letter internally and extend it beyond the country. To widely disseminate annual report and strategic plan of the hospital. To regularly update of Website To improve staff attitude/ (customer service)	Widely circulate KATH Newsletter/brochures to all health institutions which refer patients to the hospital and other customers from the West African sub-region Regular organization of media events and staff durbars. Update KATH website regularly Work with the QA and other departments to improve staff attitude Study on the determinants of staff attitude Develop strategies /communication plan to improve it. Implement the strategies	Management/Public Relations Unit PM&E /PRO I.T/PRO Marketing committee/ QA/HR	Increased public knowledge of the hospital and services/activities Referred patients attending clinic on specified days Number of media events held Website Updated Staff attitude improved Study conducted and results dissemination Strategies implemented	By the end of 2008 From Q1 2008 2 nd and 3 RD Quarter 2008 3 rd Quarter 2008
Core skills in presentation and Representation	To extend training opportunities to other staff	Create platform for beneficiaries to train others.	Marketing committee.	60% of key staff trained (tops and middle level management)	By the end of 2009

COMPONENT	ACTION	HOW	WHO IS RESPONSIBLE?	MONITORING AND VERIFICATION	TIME FRAME
	Trained staff should be given opportunity to exhibit skills	Encourage staff to make presentations on behalf of the hospital		Opportunity granted for trained staff to exhibit the skills	
Resource development and proposal management	To identify researchable areas for research aimed at improving quality of care. Coordination of research activities. Improve training in proposal writing	Resource research and Development Office. Put a systematic program in place for the identification of researchable areas	Management/R&D/ PM&E	Research and Development Office resourced System established Researchable areas identified 15 trained in proposal writing	ongoing Each year
Marketing modes/channels	To resource PR unit Development of champions/advocates	Resource PR unit. Establish new links and strengthen existing links with partners and philanthropists	Management & PR unit.	PR unit resourced Advocates Identified	 By the end of 2008
Pricing Policies	Active participation in fixing prices for services.	Liaise with NHI council & corporate clients.	Management	Meeting with NHIC on tariffs attended.	Ongoing

CAPACITY DEVELOPMENT APPROACHES

COMPONENT	ACTION	HOW	PERSON RESPONSIBLE	MEANS OF MONITORING & VERIFICATION	TIME FRAME
COMPREHENSIVENESS OF APPROACH	Develop training manuals System to be in place for trainees to transfer skills and knowledge acquired to others Trainees should submit	Training coordinators and stakeholders committee should be constituted to develop manuals and reporting formats for skills transfer	Head of Training & development assisted by Directorate training coordinators	Manual developed	End of March 2008

COMPONENT	ACTION	HOW	PERSON RESPONSIBLE	MEANS OF MONITORING & VERIFICATION	TIME FRAME
	report of training attended to their appropriate authority				
COACHING AND MENTORING	Establish policy guidelines on mentoring and coaching	Directorates and HRU should develop guidelines Directorates and units should identify people as Mentors	Directorate training coordinators and a Head of training & dev't .Directorate Management Team	Guideline developed	End of June 2008
	Mentors should be identified and supported to mentor others			Mentors identified and appointed	End of June 2008
Consulting services quality	1. Enforcing discipline in Consulting Rooms 2. To increase outreach activities 1.To improve access to specialist care	Periodic checks on staff on duty Regular organization of outreach services to the public Create more specialist units	1. Head of Directorate/ Nurse Manager 2. Management Management	Staff presence will be felt – Staff on duty will be at post More outreach services organized No. of specialist units increased and working	On going On going On going
External training quality	1. To. Identify and address the training needs of clients/staff	Carry out needs assessment of staff on training	HR/QA/PM&E	Needs assessment done	End of June 2008
	2. To Strengthen monitoring and evaluation system for internal and external training	Keeping track of staff under going training both internal and external	HR	System put in place	On going

RECOMMENDATIONS

The main recommendation of the assessment team for AWARE-HIV/AIDS to continue to support various areas identified as priority actions. It was noted during the discussions that a number of marketing activities that should have been implemented in the previous action plans had not yet been done. This was despite available funding from AWARE-HIV/AIDS. This would have resulted in higher scores in the marketing area. It was recommended that these activities (mainly marketing) should be implemented as quickly as possible.

The main recommendations were to:

1. Review and finalize the action plans and implement them accordingly
2. Implement activities that have funding available e.g. marketing
3. Ensure that activities without funding are integrated into the institutional plans and are thus funded.
4. Ensure follow up for marketing and skills transfer activities which still need further improvement

NEXT STEPS

1. The finalized TOCA report will be sent to the Chief Executive;
2. The findings will be shared with other staff and stakeholders
3. Management will support the implementation of action plans and incorporated actions into KATH's institutional plans and monitor its implementation
4. The Progress of the plan will be monitored and reported to management.

CONCLUSION

The participants of the workshop found the Technical and Organizational Capacity Assessment exercise useful and helped them to identify areas for improvement within the institution. Some of the activities are feasible without external funding and can be implemented by the hospital. Others can inform the strategic direction of the hospital's plans. External funding can also be sought for other external agencies to address the prioritised activities in the action plan.

Annex 1: Summary Profile of the Technical Leadership Institution

A. Technical Capacity	2005	2007	2007
1. Number, Mix and Capacity Of Technical Staff	61%	(1)(2)(3)(4)	66.7%
2. Technical Quality Standards		(1)(2)(3)(4)	88.9%
3. Technical Supervision	60%	(1)(2)(3)(4)	71%
4. Internal Training and Mentoring	77.7%	(1)(2)(3)(4)	70%
5. Client Communications and Feedback	28.6%	(1)(2)(3)(4)	81%
6. Community Involvement	55%	(1)(2)(3)(4)	66.7%
7. Service Delivery Organization	54.2%	(1)(2)(3)(4)	75%
8. Quality Assurance	66.7%	(1)(2)(3)(4)	83.3%
9. Technical Program Planning and M&E	29.6%	(1)(2)(3)(4)	66.6%
10. Technical Networking	66.7%	(1)(2)(3)(4)	72%
Overall average	55.5%	(1)(2)(3)(4)	74.12%
B. Organizational Capacity			
General Management			
11. Governance	81%	(1)(2)(3)(4)	86%
12. Strategic Planning	53.9%	(1)(2)(3)(4)	87%
13. Strategic Monitoring	54.4%	(1)(2)(3)(4)	97%
14. Operational Planning	79%	(1)(2)(3)(4)	97.2%
15. Structure: Roles and Responsibilities	73%	(1)(2)(3)(4)	90.1%
16. Structure: Delegation of Authority and Decision-Making	60.8%	(1)(2)(3)(4)	90.3%
17. Staffing and Human Resource Management	64%	(1)(2)(3)(4)	74.8%
18. Regional Presence / Geographical Coverage	Nr	(1)(2)(3)(4)	84.6%
19. Partnering and Networking	65%	(1)(2)(3)(4)	79.9%
20. Adequacy of Physical Infrastructure	54.1%	(1)(2)(3)(4)	56.9%
Finance			
21. Financial Planning and Budgeting	85.4%	(1)(2)(3)(4)	95%
22. Cash and Banking	86.7%	(1)(2)(3)(4)	95.8%
23. Accounting and Record Keeping	79%	(1)(2)(3)(4)	86.7%
Logistics			
24. Procurement	87.7%	(1)(2)(3)(4)	75.9%
25. Distribution, Stock and Inventory Management	78.7%	(1)(2)(3)(4)	72.1%
26. Quality Control for Critical Drugs, Equipment and Supplies	68.3%	(1)(2)(3)(4)	78.5%
Information			
27. Data Collection System	44.4%	(1)(2)(3)(4)	70.4%
28. Data Use and Culture of Information	51.6%	(1)(2)(3)(4)	70%
29. Stakeholder Communications and Reporting	58.3%	(1)(2)(3)(4)	84%

Overall Average	68.1%		83%
C. Marketing			
31. Market Awareness and Strategy	50%	(1)(2)(3)(4)	63%
32. Marketing Modes/Channels	55.5%	(1)(2)(3)(4)	74.2%
33. External Image and Promotion	59.2%	(1)(2)(3)(4)	81%
34. Resource Development /Proposal Management	54.2%	(1)(2)(3)(4)	62%
35. Pricing Policy	56%	(1)(2)(3)(4)	83%
36. Marketing Implementation	23.8%	(1)(2)(3)(4)	50%
37. Core Skills In Presentation and Representation	40%	(1)(2)(3)(4)	71%
Overall average	48.4%		69.2%
D. Skills Transfer Approaches			
38. Consulting Services Quality	59.6%	(1)(2)(3)(4)	65%
39. External Training Quality	59.1%	(1)(2)(3)(4)	62%
40. Training and Technical Assistance Planning	42%	(1)(2)(3)(4)	54%
41. Coaching and Mentoring	56%	(1)(2)(3)(4)	56%
42. Materials and Tools	44%	(1)(2)(3)(4)	56%
43. Technology for Capacity Development	35%	(1)(2)(3)(4)	56%
44. Comprehensiveness of Approach	48%	(1)(2)(3)(4)	58%
Overall average	49.1%	56.7%	58%

The ranking in column two is according the following criteria and has the following implications:

- Beginning steps (0-25%)
- Showing results (26-50%)
- Systematically achieving (51-79%)
- Model system (80-100%)

Annexe 2: List of Participants

NO.	NAME	OCCUPATION	RANK	DIRECTORATE/UNIT
Organizational Management group				
1.	Dr. Nsiah Asare	Surgeon Specialist	Chief Executive Officer	Administration
2.	Dr. Karikari	Principal Medical Officer	Medical Director	Administration
3.	Mr Miah	Director of Finance	Director of Finance	Administration
4.	Ms. Sybil Osei-Agyemang-Yeboah	Pharmacist	Principal Pharmacist	Pharmacy
5.	Dr. Cathy Dawson Amoah	Senior Medical Officer	Head Public Health Unit	Polyclinic
Technical Capacity				
6.	Mr. Christopher Akanbobnaab	Business Manager	Health Services Administrator	Technical Services
7.	Mr Charles Agyekum			Human resource/administration
8.	Mrs. Aquiline Sagoe	Nurse Manager	Deputy Director Nursing Services	Medicine
Skills Transfer				
9.	Mr. Clement Opoku-Okrah	Lecturer KNUST	Biomedical Scientist	Diagnostic
10.	Ms. Thersesa Kwofie	Nursing	Principal Nursing Officer	Administration
11.	Dr. Collins Frimpong	Medical Officer	Acting Head of Polyclinic	Polyclinic
12.	Mr Anthony Mensah	Clinical Pharmacist	Pharmacy Manager	Child Health
Marketing				
13.	Ms. Patience Ampong	Administrative assistant	DNS	Administration
14.	Mr. Kwame Frimpong		Public Relations Officer	
15.	Mrs Georgina Yeboah	Adminstrator	Manager	Human Resource Unit/Administration
16.	Mr. Joseph Amankwah	Administrative assistant	Administrative Officer	Administration
17.	Ms. Adwoa Amankwah- Ntim	Administrator	Health services administrator	Polyclinic
18.	Mr. Emanuel Aboagye	Admin strator	Business Manager	Surgery